ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | Co | | 10/22 |
| O.I.P.E. CLASSIFIER | FN | 32 | 10/86 |
| FORMALITY REVIEW | S.B | JC 595 | 11-17-00 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

| | | |
|---|---|---|
| ✔ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim Final | Claim Original | Date | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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